## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019196

			Registration District No. 042 Primary Registration District No. 1000					Registrer's No. 663			STATE FI	STATE FILE NUMBER		
DO NOT WRITE AMENDED ON THIS STUB				<u> </u>	FILED JUN	1 0 1963								
VS 300	ا ۾			1	PLACE OF DEATH  a. COUNTY Bucha				•	There deceased  L b. COUNTY		tion: Residence before edmission)		
Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1										Inside Limits
l	ΥE	-		l	TOWN St. 3	loseph.			50 years	OR TOWN	St. J	oseph,		Yes (XI No □
5/17	luil	- }	ŀ	_	C. FULL NAME OF (IF N	NOT in hospital, give loca	tion)		Inside Limits	d. STREET ADDRESS	<del></del>	(if cutsi	de, give focation)	Reside on Ferm
25/17	_ DAI			ľ_	Me t	th. Hosp. & M	ed.	Center	Yes No 🗆	ADDRESS		ta Road		Yes □ No 🙀
3				_3	(Type or print)	First		Mide		Last	4. [	OF .		Day Year
					(1) pa 4) pa may	MARY		I	IEZ	SCHAUB	D	EATH ]		26, 1963
4 /				- 5	SEX	6. COLOR OR RACE		arried 🗵	Never Married		18161	AGE (last birtho		YEAR IF UNDER 24 HE Days Hours Min.
5 /				l	Female_	_ White		dowed 🔲	Divorced [	Feb.3,18		<u>83</u>		
6	أأري	1 1	1	10	during most of working		10b. K	IND OF BUS	INESS OR INDUSTR	1		nd state or coun	"	N OF WHAT COUNTRY
				l	Housewii	e .		wn Ho			ax, Mi	ssouri	U.S.	A.
70	FOLLOW	ŀ		13	a. FATHER'S NAME	_		1	IER'S MAIDEN NAM			1		
8 6	요			l	John S. Gibs				lla Carrin	IG TOIL	JT	fra	nk Schaub	Jr.
	§ ∣				. WAS DECEASED EVER				10.	.,		7		_1_ >51
959 X	2			I -	No I			ria) ib), and	i (c).	Mr. Fra	nk ben	iauo jr.	-St. Jose	ph Missouri
10	⋖		Ξ		PART I.	(Enter only one cause per DEATH WAS CAUSED BY	: (			1 -		<i></i>		ONSET AND DEATH
	CORD		¥			IMMEDIATE CAUSE (a	·	VIN	quape	emen	~_	- an		10 years
	ا وَا يَنْ		DOCUMENT					7Ph	10 11	F. 0.1	Le		•	3 4
149 mm 1	HIS REC		Δ		which ga	ns, if any, D <del>UE TO (</del> ve rise to	#	-64	mou	in ag	non		<b>3</b>	- Jan-
	¥ SE	1 1			above c	ause (a), } he under-		V				•		
- 1	. !					use last.   DUE TO (	-	ONE CONT	NAUTING TO DEA	Till have not relies	ad in the	Interior   Dist	ART III. if decea	and was female we
1	8 		l	CATION	PART U.	disease condition given	in PART	i (a)	(IBOTING TO DEA	IN DOI NO THE	EG 10 iile		there a p	oregnancy in last 90 day
ļ	[일			[₹								)	☐ Yes	□ No □ Unknow
	AMENDMENTS			CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO IX	20a. ACCIDENT SUICID	E HO	MICIDE	206. DESCRIBE HO	W INJURY OCCU	RRED. (Ente	r nature of inju	ry in PART (Lor P)	ART II of Item 18.)
Z	WE			ķ	20c. TIME OF Hour s.m.	Month, Day, Year					_		·	
	`			3	p.m. 20d. INJURY OCCURRE	D 200 PLACE	OF INI	UPY (e.c. i	n or about home,	20f. CITY, TOWN	V OR LOCA	ATION	COUNTY	STATE
BLACK INK OR RITER RIBBON				07.	WHILE AT WORK NOT WHILE AT W	ORK []	factory,	street, office	e bidg., etc.)				M	+ 10/0
¥ 6 E	READ			2	21. I attended the dec	eased from June		195		426,196	<b>3</b> and last	saw her alive o	<u>,111ay 21</u>	763
				$\tilde{\mathscr{O}}$	Death occurred at.			9:50	AM _m on (	ne date stated ab	ove, and to	the best of my	knowledge, from	the causes stated.
USE	ĮŽ,		ᄔ	α,	22a, SIGNATURE	(De	oree or	title)	<u> </u>	22b. ADDRES		71.	<u> </u>	22c. DATE SIGN
USE BLACY OR TYPEWRITER	SHOULD		0	<u>ارن</u>	WWW	01811	7	MX.		NZXTO	ZNIH	OM		V-~9-1
-	_	$\sqcup \!\!\! \perp$	LI§ 	23	a. BURIAL, CREMATION,	23b. DATE	2	C. NAME O	F CEMETERY OR CR	EARTORY )	<b>V</b>		town, or county)	
	Š		AFFIDAVIT	1	REMOVAL (Specify) Burial	May 29, 196	53   A	shlan	l Mausoler	m	St	. Josep	h, Missou	ri
	EW P			2	FUNERAL DIRECTOR	AD	DRESS		25. DA	TE RECD. BY LOC		26. REGISTRA	r's signature	andell
	ITE		B	Me	lerhoffer-Fle	eman Inc., S	it.	oseph,	Mo. Jee	ne 7, 196	5.5	Mars, C	case //	

Parent viewed 5:31-63

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STATEMENT BY LICENSED EMBALMER

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

I hereby certify that the body whose name is r	ecorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Company of the
Signature of Student Embalmer	Licensed Embalmer No.
	P. O. Address 4 100
Note: The above MUST BE SIGNED BY THE LI with the above constitutes grounds for revocation of licer	ICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply